



The Commonwealth of Massachusetts
Department of Industrial Accidents – Department 114
 600 Washington Street – 7th Floor, Boston, Massachusetts 02111
 Info. Line 800-323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470
<http://www.mass.gov/dia>

DIA Board #
(If Known):

NOTICE OF CHANGE / APPEARANCE OF COUNSEL

THIS FORM MUST BE FILED WHEN AN ATTORNEY APPEARS AS LEGAL COUNSEL FOR THE FIRST TIME OR A CHANGE OF COUNSEL HAS OCCURRED. ALL PARTIES MUST BE NOTIFIED. PLEASE NOTE - WHEN AN ATTORNEY LEAVES A FIRM AND ANOTHER ATTORNEY IN THAT FIRM TAKES OVER ACTIVE CASES, AN APPEARANCE OF COUNSEL MUST BE FILED FOR EACH MATTER.

Please Print or Type

E M P L O Y E & I N S.	1. Employee's Name (Last, First, MI):	2. Employee's Social Security Number*:
	3. Employee's Address (No. and Street, City, State, Zip Code): <div style="text-align: right;">Check box if this is a new address <input type="checkbox"/></div>	4. Date of Injury (mm/dd/yyyy):
	5. Employer's Name & Address (No. and Street, City, State, Zip Code): <div style="text-align: right;">Check box if this is a new address <input type="checkbox"/></div>	
	6. Insurance Carrier's Name:	7. Self-Insured?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Self Insurer #:
	8. Insurance Carrier's Address (No. and Street, City, State, Zip Code):	
	9. PLEASE ENTER MY APPEARANCE FOR: <input type="checkbox"/> Employee <input type="checkbox"/> Insurer <input type="checkbox"/> Third Party <input type="checkbox"/> Other (Specify) _____	
	10. EMPLOYEE HAS DISCHARGED ME AS COUNSEL - <input type="checkbox"/>	
	11. COUNSEL HAS BEEN REPLACED BY SUCCESSOR COUNSEL AND IS WITHDRAWING FROM REPRESENTATION OF: <input type="checkbox"/> Employee <input type="checkbox"/> Insurer <input type="checkbox"/> Third Party <input type="checkbox"/> Other (Specify) _____ <i>Attach Appearance of Successor Counsel</i>	
	12. COUNSEL FOR: <input type="checkbox"/> Employee <input type="checkbox"/> Insurer <input type="checkbox"/> Third Party <input type="checkbox"/> Other (Specify) _____ REQUESTS PERMISSION TO WITHDRAW PURSUANT TO 452 C.M.R. 1.18 (3)	
	13. APPROVED BY: _____ <div style="display: flex; justify-content: space-between;"> (Name) (Title) </div> <div style="display: flex; justify-content: space-between;"> _____ (Signature) ON BEHALF OF THE DIVISION OF DISPUTE RESOLUTION _____ (Date - mm/dd/yyyy) </div>	
	14. Attorney's Name & Address: <div style="text-align: right;">Check box if this is a new address <input type="checkbox"/></div>	
	15. Attorney's Board of Bar Overseer's Number:	16. Attorney's Telephone Number:
	17. Attorney's Signature:	18. Date Prepared (mm/dd/yyyy):